

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Aging and Disability Services

Aging and Long-Term Support Administration
PO Box 45600, Olympia, WA 98504-5050
September 27, 2013

CERTIFIED MAIL 7007 1490 0003 4201 5760

Administrator The Gardens at Town Square 933 111th Avenue NE Bellevue WA 98004

Assisted Living Facility License #1604 Licensee: Bellevue Gardens Manager LLC

IMPOSITION OF CIVIL FINE

Dear Administrator:

This letter constitutes formal notice of the imposition of a civil fine for your assisted living facility, located at **933 111**th **Avenue NE, Bellevue,** by the State of Washington, Department of Social and Health Services, pursuant to Laws of 1998, Chapter 272 and RCW 18.20.190.

The civil fine is based on the following violations of the Revised Code of Washington (RCW) and/or the Washington Administrative Code (WAC) found by the department in your assisted living facility. These and other deficiencies are more fully described in the attached Statement of Deficiencies report completed by the department on **September 25, 2013.**

WAC 388-78A-2700(1)(2)(a)(c) Safety measures and disaster preparedness. \$400.00 per hour for 2 residents x 2 hours

The facility failed to ensure adequate supervision and security was provided to prevent two residents with cognitive deficits from leaving a secured area and wandering downtown streets for at least two hours; placing residents at extreme risk of harm.

WAC 388-78A-2630(1)(a) Reporting abuse and neglect.

\$200.00

\$100.00 x 2 residents

The facility failed to report two incidents of residents eloping from a secured area and being found by the public at dangerous locations in the community.

Administrator The Gardens at Town Square September 27, 2013 Page 2

Plan of Correction/Attestation

You Must:

Return the plan, on the enclosed report, within 10 calendar days after you receive this letter. Include the following in your plan for each deficiency:

- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:

Mike Anbesse, Field Manager
District 2, Unit F
20425 72nd Ave South, Suite 400
Kent, WA 98032-2388

Phone: (253) 234-6044 / Fax: (253) 395-5070

You may contest the civil fine by requesting an administrative hearing. To do so, the Office of Administrative Hearings must receive your written request for a hearing within twenty-eight (28) calendar days following receipt of this letter. A copy of this letter and a copy of the enclosed Statement of Deficiencies must be included with your request. Send your request to:

Office of Administrative Hearings PO Box 42489 Olympia, Washington 98504-2489

If no hearing is requested, the fine is due twenty-eight (28) calendar days after receipt of this notice. Please remit a check for <u>\$600.00</u> payable to the Department of Social and Health Services. The check should be sent to:

DSHS Office of Financial Recovery PO Box 9501 Olympia, Washington 98507-9501

If payment has not been received within twenty-eight (28) calendar days after receipt of this notice, interest will begin to accrue on the balance at the rate of one percent per month. If you do not submit a hearing request or make payment within twenty-eight (28) calendar days, the balance due the department will be recovered.

As provided in RCW 18.20, you may request an informal dispute resolution review of enforcement actions initiated in response to a Statement of Deficiencies report. During the informal dispute resolution process you also have the right to present written evidence. A request for informal dispute resolution review will not change the deadline for you to request an administrative hearing. Informal dispute resolution review by the department is not binding in an administrative hearing.

Administrator The Gardens at Town Square September 27, 2013 Page 3

To request an informal dispute resolution review, send your written request to:

Informal Dispute Resolution Program Manager Residential Care Services PO Box 45600 Olympia, Washington 98504-5600 Fax (360) 725-3225

The written request should:

- Identify the citation and/or enforcement action that is disputed;
- Explain why the home is disputing the action;
- Indicate the type of dispute resolution process you prefer (direct meeting, telephone conference or documentation review); and,
- Be sent within 10 working days of your receipt of this notice.

If you have any questions, please contact Field Manager Mike Anbesse at (253) 234-6044.

Sincerely,

Lori Melchiori, Ph.D. Assistant Director Residential Care Services

Enclosure

cc: David Moon, Compliance Specialist
Field Manager, District 2, Unit D
RCS District Administrator, District 2
HCS Regional Administrator, Region 2
DDD Regional Administrator, Region 2
WA LTC Ombuds
Area Agency on Aging, AAA-King
Office of Financial Recovery, Vendor Program Unit
Medicaid Fraud Control Unit
Judi Plesha, HCS
BAM